S. No. 300
v. 10.48

FILED MAR 27 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9743

BIRTH NO. _____ REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 6029 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Reynolds 090
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ellington rural Logan
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: 090 Reynolds
c. CITY OR TOWN: Ellington
d. Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Ellington Mo. Logan.

3. NAME OF DECEASED (Type or Print): a. (First) Edward b. (Middle) Ray c. (Last) Loyd
4. DATE OF DEATH (Month) (Day) (Year): Mar 13 1957

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb 12 1913
9. AGE (In years last birthday): 44 | IF UNDER 1 YEAR: Months 1 Days 1 | IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Reynolds Co.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: William W. Loyd
13b. MOTHER'S MAIDEN NAME: Elvinabelle Cox
14. NAME OF ~~HUSBAND~~ OR WIFE: Delphia Loyd.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 496-14-4864
17. INFORMANT'S SIGNATURE OR NAME: Delphia Loyd, ADDRESS: Ellington Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of the Mesentery — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 158X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19__, *to* March 13, 1957, *that I last saw the deceased alive on* March 13, 1957, *and that death occurred at* 12:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Kenneth T Carter (Degree or title) DO
23b. ADDRESS: Ellington, Mo
23c. DATE SIGNED: 3/13/57

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/15/57
24c. NAME OF CEMETERY OR CREMATORY: Morses' Cemetery
24d. LOCATION (City, town, or county) (State): Reynolds Co Mo.

DATE REC'D BY LOCAL REG.: 3/23/1957
REGISTRAR'S SIGNATURE: Essie Evans.
25. FUNERAL DIRECTOR'S SIGNATURE: Coleman McJosten ADDRESS: Ellington Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Received 3-25-57
Reynolds County Health Center
File No. 357 - 12

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Allen C. McJ[illegible]

Licensed Embalmer No. 454

P. O. Address Van Buren

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.